FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

	OCUN Corporation	MENT # \$2515	6 (8)				
	/	UNT POOL SUPPLIES INC.					
			•				
Principal Place of Business			Wailing Address				
6169 JOG ROAD		DAD	6169 JOG ROAD				
	unit B-4 Lake Worth	1 FL 33467	B-4 LAKE WORTH FL 334	67			
	US		US		3. Date Incorporated or Qualified 01/15/1991		of Last Report 3/10/1995
	Principal Pla	ace of Business	2a. Mailing Address		4. FET Number	1	Applied For
21	Cuito Act 4	U oto	26		65-0241864		Not Applicable
22	Suite. Apt. #	#₁ €1C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
	City & State		City & State		6. Election Campaign Financing		\$5.00 May Be
23	Zip	Country	28 Zip	Country	1 Trust Fund Contribution 8. This corporation has liability for it	utopolylo to	Added to Fees
24	- 17	25	29	30	Horida Statutes 🔲 Yes	DNo	
		9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered A	Agent
	EOIE! IN/	2 COTT		81 Name			
	FRIELING, SCOTT 6169 JOG RD, B-4 Street Addr				ress (P.O. Box Number is Not Acceptab	le)	
		ND-FL 33467		83			
	Lake	will		84 City	V		85 Zip Code
11	Pursuant te	a the provisions of Sections 607 0502	and 607.1508. Florida Statut	es, the above named corpo	ration submits this statement for the pur	FL pose of the	naina its registered office
	or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change was authoriz	red by the corporation's boa	rd of directors. Thereby accept the appo	ointment as	registered agent. Fam
SIC	GNATURE _						
12		Signature, typied or printed han elof registraed agent. OFFICERS AND		The Registered Agent signature require- 13.	a when received high	DATE CERS AND	DIRECTORS IN 12
101	.F	D	DELFTE	1. 1 TILLE) (Ä	Change Addition
NAM		FRIELING, SCOTT			icling, Scott	,	
	EET ADDRESS Y-ST-7i₽	7481 TEXAS TRAIL BOCA RATON FL		1.3 STREET ADDRESS	69 Jos for Unit 18-4	120	(6)
T.TL		\$	DELETE	2 1 HILE	attware r	<u></u>	Charige Addition
NAS	di	HAYES, SHEILA		2 2 NAME			
	EET ADDRESS	7315 OVERLOOK DR LAKE WORTH FL		2 3 STREET ADDRESS			
T II	Y-SI-ZAP .F	C	F) DELETE	2.4 CITY - ST - ZIP 3.1 TIME			Change Addition
NAS	d i	SENN, JASON		3 2 NAME		_	
SIR	EET ADDRESS	1620 NW 21ST STREET		3.3 STHEET ADDRESS			
_ CH:	Y · SI · ZiP	BOYNTON BEACH FL	☐ DELET€	3.4 CHY-ST-ZIP 4.1 DILE			Change Addition
NAM	ľ			4.2 NAME		L	Ortaniĝe [] Monition
	EET ADDRESS			4.3 STREET ADDRESS			
	Y-ST-ZIP		P pr. r.c	4.4 City - S1 - ZiP			
THE			DECESE	5 1 TITLE		L.	Change Maddition
	EFF ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
	Y-ST-ZIP			5.4 CITY - S* - 7IP			
TITL	1		☐ DELETE	6 1 THILF			Change 🔲 Addition
NAN CTU	VE EET ADORESS			6.2 NAM!			
	Y - ST-ZIP			6.3 STREET ADDRESS 6.4 CITY IST- ZIP			
		certify that the information supplied w	vith this filmo is voluntarily fun		or the exemption stated in Section 119.	07(3)(k) Flor	ida Statutes I further

Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the gurporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block: 13 if change, i.g. on a fluttachment with an address.

SIGNATURE:

INING OFFICER OH DIRECTOR

4/1/16

407-142-1700